



City
of
Milwaukee

**EMPLOYMENT APPLICATION
for
PUBLIC HEALTH
EMERGENCY RESPONSE
PLANNING COORDINATOR**

RETURN APPLICATION TO:
Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3554
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

<p>Name _____ Last First M.I.</p> <p>Address _____ Apt. # _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Email: _____</p> <p>Day phone: () - _____ Evening phone: () - _____ Cell phone: () - _____</p>	<p>Do you currently live in the city of Milwaukee?</p> <p><input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p>NOTE: <i>City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.</i></p> <p>List any other names by which you have been known on official records: _____</p>				
<p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p> 					
<p>List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border-bottom: 1px solid black;">TYPE</td><td style="width: 50%; border-bottom: 1px solid black;">NUMBER (if any)</td></tr><tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr></table>		TYPE	NUMBER (if any)		
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<p>OPEN RECORDS/PUBLIC INFORMATION</p> <p>The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.</p> <p>If you do not wish us to reveal your identity, please check the following box: <input type="checkbox"/></p>					
<p>Are you legally authorized to work permanently for any employer within the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):</p> 					

If you are CURRENTLY ☐ or were PREVIOUSLY ☐ employed by the City of Milwaukee, list the following:

Position Title _____ Employee ID# _____

Department _____ From (month/yr) to (month/yr) _____

If you have ever been convicted of a felony or misdemeanor, or have felony or misdemeanor charges pending, list details below.

If you have NEVER been convicted of a felony or misdemeanor, and have no felony or misdemeanor charges pending, please fill in NO below.

YOU MUST PROVIDE YOUR BIRTHDATE ON THE PAGE 13 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the space below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Felony and misdemeanor convictions not reported on the application may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE _____

DATE _____

I. EDUCATION AND TRAINING

A. Bachelor's Degree: Yes _____ No _____ Month/Year Earned: _____

Major: _____ Minor _____ If no, # of credits earned _____

College or University: _____

Location: _____

B. Master's Degree: Yes _____ No _____ Month/Year Earned: _____

Major: _____ Minor _____ If no, # of credits earned _____

College or University: _____

Location: _____

C. List any other education, training programs, workshops or professional seminars you have successfully completed which may relate to this position. Include name of institution/school and dates. (Attach additional pages, if necessary)

II. PROFESSIONAL ACTIVITIES

A. Are you now or have you been a member of any professional organizations relating to this position? If yes, indicate:

Name of Organization	Dates of Membership	Offices Held

B. Describe any other special involvement in professional/academic activities, if applicable:

III. EXPERIENCE**A. Current/Most recent Employer:**

Title _____ Reason for leaving _____

From _____ To _____ Hours/week _____

Employer: _____ Salary _____

Employer's Major Activity _____

Note: May we contact this employer? Yes _____ No _____

Address _____

City _____ State _____ Zip Code _____

Supervisor's Title _____

Describe your experience for this position in terms of your duties and specific responsibilities.
Indicate the percentage of time spent in each area.

_____% _____

_____% _____

_____% _____

_____% _____

B. Previous Employer:

Title _____ Reason for leaving _____

From _____ To _____ Hours/week _____

Employer: _____ Salary _____

Employer's Major Activity _____

Note: May we contact this employer? Yes _____ No _____

Address _____

City _____ State _____ Zip Code _____

Supervisor's Title _____

Describe your experience for this position in terms of your duties and specific responsibilities.
Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____ % _____

C. Previous Employer:

Title _____ Reason for leaving _____

From _____ To _____ Hours/week _____

Employer: _____ Salary _____

Employer's Major Activity _____

Note: May we contact this employer? Yes _____ No _____

Address _____

City _____ State _____ Zip Code _____

Supervisor's Title _____

Describe your experience for this position in terms of your duties and specific responsibilities.
Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____ % _____

PLEASE ACCOUNT FOR ALL OF YOUR RELATED EXPERIENCE.
ATTACH ADDITIONAL SHEETS FOR MORE EMPLOYERS.

IV. SPECIFIC EXPERIENCE

Describe your specific experience in each of the following areas. For each experience described, please include the employer where this experience was gained and the total years of the experience. Attach additional pages if more space is needed.

Describe your experience in the following areas:

A. Program/project management experience. Include the type of program, the extent of your responsibilities, your employer and dates of employment.

B. Administrative Leadership experience. Include your job title, type of work, extent of your responsibilities, your employer and dates of employment.

C. Extent of experience with emergency planning, preparedness and response management (if no experience, extent of familiarity with this).

D. Experience with communicable and chronic disease epidemiology.

E. Experience in working with mathematical concepts, probability, statistical inference and apply them to practical situations.

F. Supervisory experience. Include job title, name of employer, number of employees and their job titles, extent of your responsibility over them and dates of employment.

G. Experience in making presentations. Include types of presentations, type and size of audience, job title, employer, dates of employment.

H. Experience in preparing speeches and/or articles. Include subject matter, dates worked, employer or university class.

I. Describe extent of knowledge and ability to work with computer applications. Include database, internet project management, spreadsheet, and word processing software.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process? _____ Yes _____ No

If yes, what kind of accommodations will you need?

_____ A signer

_____ Extra time

_____ A reader

_____ Other (Please describe below)

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above?

Yes _____

No _____

SIGNATURE _____ DATE _____